

CUSTOMER NO.: 24498
Serial No. 09/402,524

PATENT
RCA88321

- Refund
2/24/09
\$130

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Keith Reynolds WEHMEYER
Serial No. : 09/402,524
Filed : 10/15/1999
For : SYSTEM FOR COLLATING DATA FROM MULTIPLE SOURCES TO FORM
A COMPOSITE PROGRAM GUIDE FOR DISPLAY
Examiner : Hunter B. LONSBERRY
Art Unit : 2623

PETITION TO WITHDRAW FROM ISSUE AFTER THE PAYMENT
OF ISSUE FEE UNDER 37 CFR 1.313(c)2 with RCE

Mail Stop Petitions
Commissioner of Patents
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

The Applicant requests a Petition to Withdraw from Issue After the Payment of Issue Fee, in the above-referenced matter, to provide art to the Examiner that was recently cited in related US Application Serial No. 09/402,517. An RCE is being filed concurrently.

As indicated in the attached fee transmittal, please charge the petition fee (1.17(h)), as well as, any additional fees associated with this request, to our deposit account, Deposit Account # 07-0832. Please contact me at the number below if you have any additional questions. Thank you for your assistance in this matter.

Sincerely,
Keith Reynolds WEHMEYER

/Brian J. Dorini/

Date: February 23, 2009

Brian J. Dorini
Reg. No. 43,594
Phone (609) 734-6817

Patent Operations
Thomson Licensing LLC
P.O. Box 5312
Princeton, NJ 08540

Adjustment date: 02/26/2009 CKHLOK
02/25/2009 INTEFSW 00000099 070032 09402524
01 FC:1464 130.00 CR

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**Request
For
Continued Examination (RCE)
Transmittal**

Address to:

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Alexandria, VA 22313-1450

CUSTOMER NO. 24498

Application Number	09/402,524
Filing Date	10/15/1999
First Named Inventor	Kelth Reynolds Wehmeyer
Art Unit	2623
Examiner Name	Hunter b. Lonsberry
Attorney Docket Number	RCA88321

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 C.F.R. 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

- a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
ii. ☐ Other _____

- b. ☒ Enclosed

- i. ☐ Amendment/Reply
ii. ☐ Affidavit(s)/Declaration(s)
iii. ☒ Information Disclosure Statement (IDS)
iv. ☐ Other _____

2. **Miscellaneous**

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required)
b. ☐ Other _____

3. **Fees** The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.

- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 07-0832

- i. ☒ RCE fee required under 37 C.F.R. 1.17(e)
ii. ☐ Extension of time fee (37 C.F.R. 1.136 and 1.17)
iii. ☐ Other _____

Adjustment Date: 02/26/2009 CKHLOK
02/25/2009 INTFSW 00000049 070832

02 FC:1801 810.00 CR

09402524

- b. ☐ Check in the amount of \$ _____ enclosed

- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print /Type)	Brian J. Dorini	Registration No. (Attorney/Agent)	43594
Signature	/Brian J. Dorini/	Date	February 23, 2009

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Name (Print /Type)			
Signature		Date	

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: 02/26/09		2 Serial/Patent # 09/402,524										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
X	Petition 1464	PETDWISS	02/24/09	\$ 130.00								
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	Maintenance			\$								
	Assignment			\$								
X	Other RCE 1801	RCEX	02/24/09	\$ 810.00								
		7 TOTAL AMOUNT OF REFUND		\$ 940.00								
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10 REASON:		Treasury Check										
	Overpayment	X Credit Deposit A/C #:										
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">7</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">8</td> <td style="width: 20px;">3</td> <td style="width: 20px;">2</td> </tr> </table>				0	7	--	0	8	3	2
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X	No Fee Due (Explanation):											
Filed subsequent to Issuance.												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: Monica A. Graves		TITLE: Paralegal Specialist										
SIGNATURE: /Monica A. Graves/		PHONE: (571) 272-7253										
OFFICE: Office of Petitions												
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